

**AUTHORIZATION FOR WITHHOLDING NORTH DAKOTA STATE INCOME TAX**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 17629 (Rev. 09-02)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

North Dakota Public Employees Retirement System**400 East Broadway, Suite 505 • PO Box 1657****Bismarck, • North Dakota 58502-1657****(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920****PART A MEMBER INFORMATION**

Name (Last, First, Mi)

Social Security Number

Mailing Address

City

State

Zip Code + 4

PART B ELECTION☐ I elect to have North Dakota State Tax withheld.

Effective Date: _____

☐ I DO NOT elect to have North Dakota State Tax withheld.

Effective Date: _____

☐ Stop withholding North Dakota State Tax.

Effective Date: _____

PART C MEMBER AUTHORIZATION

North Dakota Public Employees Retirement System can only withhold North Dakota State income tax if you are having Federal income tax withheld.

Member Signature_____
Date of Signature**NDPERS USE ONLY**